

10/10/01
JC839 U.S. PTO

10-DS-01 A

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages **17**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets **10**]
5. Oath or Declaration [Total Pages **27**]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examin

For CONTINUATION OR DIVISIONAL APPS
Box 5b, is considered a part of the disclosure
The incorporation can only be relied upon

an oath or declaration is supplied under
and is hereby incorporated by reference.
ited application parts.



24386

PATENT TRADEMARK OFFICE

Customer Number or Bar Code Label

Correspondence address below

Name	Robert W. Pitts		
Address	PO Box 11483		
City	Winston-Salem	State	NC
Country	US	Telephone	336-759-2800
Zip Code	27116-1483		
Fax	336-759-2880		

Name (Print/Type)	Robert W. Pitts	Registration No. (Attorney/Agent)	27372
Signature			Date 10-4-2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 661)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Weyant
Examiner Name	
Group Art Unit	
Attorney Docket No.	01062

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number
 Deposit Account Name

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee	
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee	
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1) (\$ 370)			

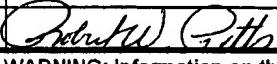
2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
39	-20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
6	-3** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent <input type="text"/>			= <input type="text"/>

Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee	
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
SUBTOTAL (2) (\$ 291)			

**or number previously paid, if greater; For Reissues, see above

Complete if applicable

Name (Print/Type)	Robert W. Pitts	Registration No. (Attorney/Agent)	27372	Telephone	336-759-2800
Signature				Date	10-4-2001

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